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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

YOSHIHIKO HIGUCHI ET AL.

Serial No. 09/473,165

Filed: DECEMBER 28, 1999

For: DRY MEASURING TEST DEVICE

Art Unit: 1743

Examiner: CROSS, LATOYA I.

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THIRD RESPONSE TO OFFICE ACTION

Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Office Action mailed May 7, 2003, in the patent application identified above, Applicants request reconsideration in view of the amendments and the remarks below.

Amendments to the Claims are reflected in the Listing of Claims which begins on page 2 of this paper.

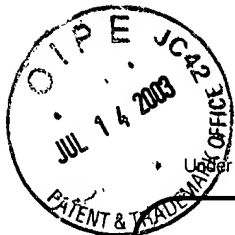
Remarks begin on page 4 of this paper.

Conclusion begins on page 4 of this paper.

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Jeffery B. Arnold
Jeffery B. Arnold - Reg. No. 39,540

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PTO/SB/21 (05-03)

Approved for use through 04/30/2003. OMB 0651-0031

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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	09/473,165
		Filing Date	December 28, 1999
		First Named Inventor	Yoshihiko Higuchi
		Art Unit	1743
		Examiner Name	Cross, L. I.
Total Number of Pages in This Submission	5	Attorney Docket Number	20111-0035 (45455-239355)

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ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): return postcard
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Jeffery B. Arnold, Reg. No. 39,540
Signature	
Date	July 11, 2003

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